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Brief communication

Survey of the management of third stage of labour in the Netherlands

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Abstract

The standard practice during the third stage of labour of Dutch midwives and obstetricians was elucidated by a questionnaire mailed to all Dutch midwives and obstetricians. Prophylactic oxytocics in the third stage are used as a routine by 55% of the obstetricians and only 10% of the midwives. Oxytocin is the drug of first choice. Conclusion: Routine use of prophylactic oxytocics in the third stage is not the standard practice in the Netherlands. Obstetricians are much more likely to use prophylaxis than midwives.

Keywords: Prophylactic use of oxytocics; 3rd stage of labour; the Netherlands

The World Health Organization (WHO) advocates prophylactic oxytocic drugs to be administered to all women in the third stage of labour to reduce postpartum blood loss [1]. A survey in the United Kingdom in 1984 showed that active management with Syntometrine (a combination of oxytocin and ergometrine) and controlled cord traction is universal in units with a third stage management policy, i.e. 98% of all units [2,3].

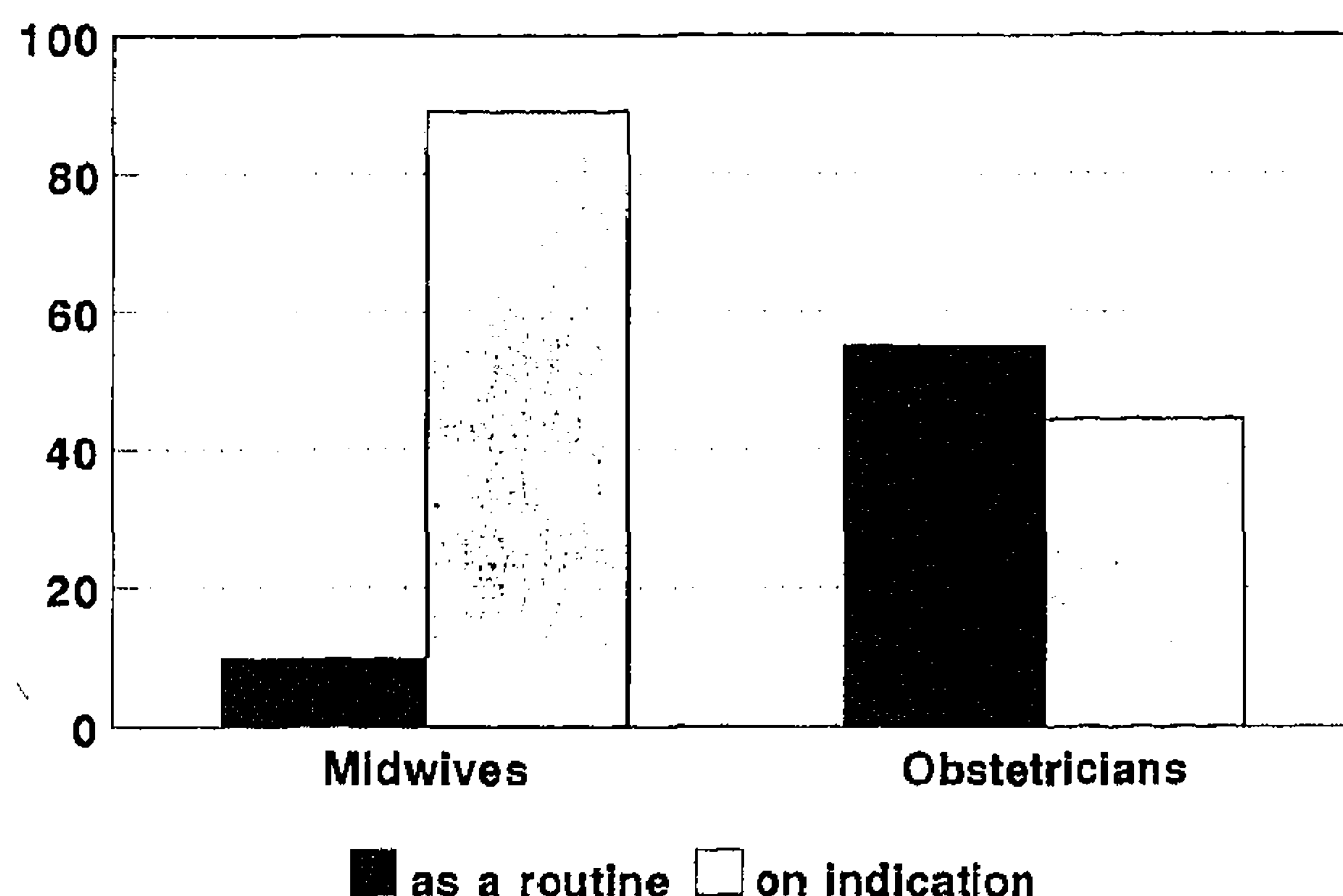
The situation in the Netherlands is different in that there exists a strong belief that expectant management in low-risk women is not worse than active management. Also other studies in Ireland [4] and the United Kingdom [5] suggest that there still exists a need for a trial of oxytocin vs. placebo in women at low risk for postpartum haemorrhage. To elucidate standard practice during the third stage of labour in the Netherlands, we mailed a questionnaire to all Dutch midwives and obstetricians. We here report the results of a questionnaire sent to all Dutch midwives and obstetricians to investigate the practices followed during the third stage of labour.

They were asked whether they routinely, on indication, or never used prophylactic oxytocics in the third stage of labour; whether they used oxytocin, ergometrine, or prostaglandins as first, second or third choice; and which dose of oxytocin (1 or 5 or 10 IU) they used.

Of 1394 midwives, 406 (29%) returned the questionnaire. For the obstetricians, the response rate was higher: 47% responded (401 of the 855). The overall response rate was 35%.

Fifty-five percent of the obstetricians use prophylactic oxytocics in the third stage as a routine; the other 45% only do so when indicated. For the obstetricians the drug of first choice was oxytocin (98.5%). Ergometrine was used as second choice (49%), and prostaglandins were used as third choice drug (29%). Only 10% of the midwives use prophylactic oxytocics in the third stage as a routine. Of the midwives, 98.5% use oxytocin as the drug of first choice; ergometrine is second choice (46%) while prostaglandins were used by 2% as the third choice. The most frequently used dose was 5 IU of oxytocin; routine use of prophylactic oxytocics in the third stage of labour is not the standard of practice in the Netherlands as is shown in Fig. 1.

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the Netherlands

Fig. 1. Use of oxytocic drugs in the third stage of labour in the Netherlands.

The overall response rate of 35% is fairly good for pharmaceutical mailing, but selection of responders might take place. It is unknown which obstetricians or midwives responded and therefore bias may have occurred. The difference in management between obstetricians and midwives (55% vs. 10% used prophylactic oxytocics a routine) is so large, however, that the survey supports the statement that there are big differences between obstetricians and midwives in the management of the third stage of labour.

It is unlikely that those midwives not responding, all routinely use prophylactic oxytocics. As for the obstetri-

cians we only cautiously can say that there is no consensus. The differences between those using prophylactic oxytocics as a routine and those doing so on indication are too small and might change when the response rate on the questionnaire would have been larger.

We conclude that in the Netherlands, routine prophylactic oxytocics is not the standard practise as is the case in the United Kingdom. The Netherlands, therefore, is one of the few places where one can still conduct randomised trials of oxytocics with a placebo.

Acknowledgements

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References

- [1] World Health Organization. The prevention and management of postpartum haemorrhage. Report of a Technical Working Group, Geneva 3–6 July 1989. Geneva: World Health Organization, 1990 (WHO/MCH/90.7).
- [2] Garcia J, Garforth S, Ayers S. The policy and practice of midwifery study: introduction and methods. *Midwifery* 1987; 3: 2–9.
- [3] Prendiville W, Elbourne D. Care during the third stage of labour. In: Chalmers I, Enkin M, Keirse MJNC, editors. *Effective care in pregnancy and childbirth*. Vol II. London: Oxford University Press, 1989; 1145–1169.
- [4] Begley CM. A comparison of 'active' and physiological management of the third stage of labour. *Midwifery* 1990; 6: 3–17.
- [5] Thilaganathan B, Cutner A, Latime J, Beard R. Management of the third stage of labour in women at low risk of postpartum haemorrhage. *Eur J Obst Gynecol Reprod Biol* 1993; 48: 19–22.